



Accounts Receivable
P. O. Box 179
North Lakewood, WA 98259
(360) 658-5617
www.centralwelding.com

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|--|---|--|---|--|---|
| <input type="checkbox"/> <i>Anacortes Branch</i>
(360) 299-8625 | <input type="checkbox"/> <i>Ballard Branch</i>
(206) 783-2283 | <input type="checkbox"/> <i>Bellingham Branch</i>
(360) 714-9353 | <input type="checkbox"/> <i>Burlington Branch</i>
(360) 755-0251 | <input type="checkbox"/> <i>Everett Branch</i>
(425) 259-2166 | <input type="checkbox"/> <i>Equipment Rental</i>
(425) 557-3395 |
| <input type="checkbox"/> <i>Kelso Branch</i>
(360) 501-2266 | <input type="checkbox"/> <i>Lynnwood Branch</i>
(425) 778-2166 | <input type="checkbox"/> <i>Port Townsend Branch</i>
(360) 385-9533 | <input type="checkbox"/> <i>Redmond Branch</i>
(425) 284-5393 | <input type="checkbox"/> <i>Renton Branch</i>
(425) 255-5926 | <input type="checkbox"/> <i>Internet Sales</i>
(866) 935-3379 |
| <input type="checkbox"/> <i>Seattle Branch</i>
(206) 766-9353 | <input type="checkbox"/> <i>Smokey Point Branch</i>
(360) 651-2307 | <input type="checkbox"/> <i>Tukwila Branch</i>
(425) 228-2218 | <input type="checkbox"/> <i>Vancouver Branch</i>
(360) 619-5398 | <input type="checkbox"/> <i>Woodinville Branch</i>
(425) 398-8017 | <input type="checkbox"/> <i>Xpress Cryogenics</i>
(888) 285-5427 |

PLEASE FAX TO (360) 658-5457 ATTN: CREDIT DEPARTMENT

FOR CWS USE ONLY	STORE #	SALESMAN	APPROVED <input type="checkbox"/> YES / <input type="checkbox"/> NO	LETTER SENT	ACCOUNT #
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COMMERCIAL CREDIT APPLICATION – Both sides must be filled out completely

NAME		PHONE		FAX	
MAILING ADDRESS		CITY		STATE	ZIP
STREET OR SHIP TO ADDRESS		CITY		STATE	ZIP
PREVIOUS ADDRESS		CITY		STATE	ZIP
NAME OF SUBSIDIARY OR DIVISION			BUSINESS EMAIL		
<input type="checkbox"/> CORPORATION, STATE OF _____ DATE OF INC. _____		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> PROPRIETORSHIP	
				<input type="checkbox"/> INDIVIDUAL	
TYPE OF BUSINESS				DATE ESTABLISHED	
HAVE YOU EVER HAD A BUSINESS FAILURE? IF YES, UNDER WHAT NAME? <input type="checkbox"/> YES / <input type="checkbox"/> NO				D&B NUMBER	

NAMES OF INDIVIDUALS, OWNERS, PARTNERS, OFFICERS:

NAME		TITLE		NAME		TITLE	
HOME ADDRESS & CITY		STATE & ZIP		HOME ADDRESS & CITY		STATE & ZIP	
SOC. SEC. #	YR. OF BIRTH	PHONE		SOC. SEC. #	YR. OF BIRTH	PHONE	
NAME		TITLE		NAME		TITLE	
HOME ADDRESS & CITY		STATE & ZIP		HOME ADDRESS & CITY		STATE & ZIP	
SOC. SEC. #	YR. OF BIRTH	PHONE		SOC. SEC. #	YR. OF BIRTH	PHONE	
PLACE OF EMPLOYMENT (IF APPLICABLE)				ADDRESS			
NAME OF BONDING COMPANY				ADDRESS			
TYPE OF CONTRACTOR'S LICENSE				LICENSE #			
ARE PURCHASE ORDERS REQUIRED? <input type="checkbox"/> YES / <input type="checkbox"/> NO		NUMBER OF INVOICE COPIES REQUIRED		ARE STATEMENTS REQUIRED? <input type="checkbox"/> YES / <input type="checkbox"/> NO		CREDIT LIMIT AMT. REQUESTED	
ARE PURCHASES NON-TAXABLE? <input type="checkbox"/> YES / <input type="checkbox"/> NO		IF SO, RESALE # (Attach Resale Card)		FEDERAL I.D. #			
NAME & PHONE # OF PERSON RESPONSIBLE FOR AUTHORIZING PAYMENT				OTHER SPECIAL INVOICE INSTRUCTIONS			
PRESENT/PREVIOUS WELDING GAS SUPPLIER				ARE RENTAL CYLINDERS REQUIRED? <input type="checkbox"/> YES / <input type="checkbox"/> NO		HOW MANY?	

COMPLETE REVERSE SIDE

Date of Application _____/_____/_____

CREDIT REFERENCES (List Principal Suppliers)

1	NAME	ACCT. #	PHONE
	ADDRESS	CITY	STATE & ZIP
2	NAME	ACCT. #	PHONE
	ADDRESS	CITY	STATE & ZIP
3	NAME	ACCT. #	PHONE
	ADDRESS	CITY	STATE & ZIP
4	NAME	ACCT. #	PHONE
	ADDRESS	CITY	STATE & ZIP

BANK

BANK WITH	BRANCH	ACCOUNT #	PHONE
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PERSONAL GUARANTY

In consideration of the extension of credit to applicant, the undersigned does hereby personally and unconditionally guarantee to pay Central Welding Supply Co., Inc. on demand any sum which is now due and any which may become due by applicant whenever applicant fails to pay within terms of this contract. The undersigned further guarantees to pay any and all interest, late charges, attorney's fees, costs or collection charges. Jurisdiction shall be in Snohomish County, Washington. Applicant waives all suretyship defenses.

PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE

TERMS: Net 30

Our firm is financially able to meet any commitments we have made, and the undersigned is authorized to open a charge account for our firm. We hereby agree to pay our account within the terms of sale as stated on each invoice. We further agree to pay a service charge of 1 1/2 % per month (18% per annum) on all amounts not paid within the stated terms of sale.

If collection or legal action is necessary to collect our debt to Central Welding Supply (CWS), we hereby agree to pay all costs including, but not limited to, all collection agency fees, reasonable attorney's fees, together with court fees or any additional costs. At the option of CWS in an action to recover any portion of our account, the venue of such action may be laid in any county selected by CWS.

We will inform CWS immediately, by certified mail directed to the credit department, of any changes in this information or our interest or position in any partnerships or corporations which purchase merchandise from CWS. Unless otherwise notified in writing, CWS may rely on the information on this application.

We hereby authorize any of the credit and/or bank references listed in this application to provide CWS with any and all information requested.

We understand and acknowledge that the information given herein is true and correct.

COMPANY NAME	DATE		
SIGNATURE	TITLE	SIGNATURE	TITLE